

<b>Case Number:</b>	CM15-0111834		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on 5/12/08. The injured worker was diagnosed as having depressive disorder. Treatment to date has included pain medication and psychotherapy. A physician's report noted the injured worker reported 2 days of pain relief after a treatment session and he responded well to hypnotic suggestions. On 4/8/15, the treating physician noted the injured worker reported fatigue, stress, and suicidal ideation. Currently, the injured worker complains of uncontrolled pain and poor sleep. The treating physician requested authorization for 12 additional psychotherapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 additional psychotherapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression, Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Decision: a request was made for 12 additional psychotherapy visits; the request was non-certified by utilization review with the following provided rationale: "in this case, the submitted documents reflect the claimant has had 11/18 psychotherapy sessions. However, the submitted documentation does not reflect whether the claimant has or has not attended the remaining authorized sessions and the objective evidence of functional benefit obtained from it is not readily apparent. Moreover, it would be appropriate to note the response from the remaining authorized sessions before considering the requested additional treatment to be medically necessary. Finally, the submitted documentation does not detail a rationale to support the necessity of exceeding the recommendations of the guidelines." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. Psychological treatment progress notes were found from the primary treating psychologist and reflect that the patient is making progress in treatment. There is a reduction in suicidal ideation and the patient appears to be learning to use cognitive behavioral and hypnotic techniques to increase his coping skills. In addition, according to the progress notes that were provided there appears to be sufficient increases in socialization and performance in activities of daily living relative to the baseline of when he started treatment. According to a treatment progress note from December 10, 2014 it is noted that: "the patient called and requested to return to treatment as he was having increased pain and suicidal ideation of the plan to shoot himself or overdose on medication. The ideation continued for 3 days, he began to feel unsafe and call the undersigned. Today he is tearful and overwhelmed. He states he is exhausted and feels trapped; I've been extremely depressed and some days I don't get up, I don't shower for 3 or 4 days. The patient reports that he took a test for a gun permit and passed it but has not purchased a gun. As was mentioned above, the medical necessity of continued psychological treatment is contingent upon the establishment of all 3 of the following: significant patient psychological symptomology that necessitates continued treatment, evidence of patient benefit from prior treatment including objectively measured functional improvements, and that the total quantity of sessions received to date is consistent with MTUS guidelines. The patient's level of psychological symptomology remains at a clinically significant level that appears to necessitate additional treatment. In addition, the patient appears to be making significant benefit in his treatment, although it is not objectively measured, there is sufficient evidence of patient benefit on a subjective level including activities of daily living and functioning as well as a reduction in his depressive symptomology and frequency of suicidal ideation. The remaining issue of prior treatment session quantity is unclear. The total quantity of sessions at the patient has received to date from the start of the treatment and inclusive of all psychological treatment is needed. Although treatment session quantity is discussed in the progress notes that were provided it the quantity provided appears to be relative to the number of sessions in the authorization rather than a cumulative total and therefore does not contain the needed information. The patient has been authorized for this current course of psychological treatment for 12 sessions with an additional 6 sessions

authorized but not fully completed, as there are no progress notes from the final 6 sessions provided for consideration and it is also mentioned as an issue in the utilization review determination of non-certification. Furthermore, the patient has received a prior course of psychological treatment. No information with regards to the treatment quantity/duration/outcome was provided for consideration. Without knowing the total course of psychological treatment that the patient has received, it was not possible to determine whether additional sessions would be medically appropriate and necessary. The official disability guidelines specify that a typical course of psychological treatment for most patients consists of 13 to 20 sessions. An exception can be made in cases of severe major depression or PTSD that would allow up to 50 sessions or at least one year of treatment in total-maximum. However, because the total quantity of sessions that the patient has received to date could not be determined, it was unclear whether or not additional sessions would exceed this recommended extended course of psychological treatment. For this reason, the medical necessity the requested treatment is not established and therefore the utilization review determination of non-certification is upheld. The request is not medically necessary.